REGISTRATION FORM FOR 11+ TESTS



September 2023 Entry Torbay Selective Schools

Please indicate at which selective school you would like your child to take the tests. It will be logical to take the examinations at the school you expect to be your first preference.

Name of School:

Please complete this form and return it to the school where you propose sitting the tests by midday 8th **September 2022**. You must also complete the Common Application Form for your Local Authority by 31st October 2022. A school place cannot be offered unless the Common Application Form has been completed.

Surname of Child:			
Forename(s)	Date of Birth:		
Full Address (including Postcode):			
Postcode:			
Email address:			
Contact telephone number(s):			
Primary School currently attending:		- -	r
Does your child need any special requirements to enable him/her to take t	he tests?	Yes	No
If yes, please specify what requirements are necessary:			
Is your child in receipt of Pupil Premium:		Yes	No
Name of Parent or Guardian: Mr/Mrs/Miss/Ms/Dr (please print)			
I / We grant permission for the personal data we have supplied to be shared with Providers and other Admission Authorities performing similar testing for any real ensure the integrity of the process and the tests. At all times Data Processors, T Authorities agree to treat all personal data strictly in accordance with the Data I	ason deemed necess est Providers and ot	sary in oro her Admi	der to ssion
	Date:	hild's port	
If at the time of the test you become aware of any circumstances which you fee please contact the school in writing within 14 days of the tests in order that this Panel.	• •	•	